

STARK COUNTY HEALTH DEPARTMENT  
FOOD SAFETY PROGRAM  
3951 CONVENIENCE CIRCLE, NW  
CANTON, OHIO 44718  
PHONE 330-493-9904 FAX 330-493-9920

## PLAN REVIEW APPLICATION

Anticipated Start of Construction Date:

Anticipated Completion Date:

**INSTRUCTIONS:** Complete all sections of the Plan Review Checklist. If any section of the checklist is not applicable, mark "N/A" in question box.

Facility Name: <input type="text"/>	Phone: <input type="text"/>	Fax: <input type="text"/>
Facility Address: <input type="text"/>	Zip Code: <input type="text"/>	Municipality: <input type="text"/>
Owner's Name: Corporate name and President): <input type="text"/>	Phone: <input type="text"/>	<input type="text"/>
Mailing Address: <input type="text"/>	Zip Code: <input type="text"/>	Fax: <input type="text"/>
Contact Person/Title: <input type="text"/>	Phone: <input type="text"/>	Fax: <input type="text"/>

**Type of Plan Review Submitted:**

☐

Facility that is completely new or never operated as a food service.

☐

Facility that will have extensive changes in structure of kitchen, equipment and / or menu.

**Business Description:**

**PLAN REVIEW FEE: \$**

**Make Check payable to Stark County Health Department**

Signature / Title

\*Note: A pre-opening inspection must be conducted by this department prior to opening. All construction and work permits must be completed before the inspection.

## AUTHORITIES

I have submitted plans / applications to the following authorities:

☐ Zoning ☐ Plumbing ☐ Fire ☐ Building ☐ Electric ☐ Regional Planning

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## MENU

Is a menu provided with a detailed list of all food and beverages? ☐ Yes ☐ No

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## WATER SUPPLY

Source of Water Supply:

☐ Municipal ☐ Private Well

**\*If private, please note that the system must be inspected and approved prior to issuance of a Health Permit. Please contact the Ohio EPA at 1-800-686-6330.**

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Water Heater Capacity (Gallons):  BTU's or Kw  Water Temp.

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## SEWAGE DISPOSAL

Type of Sewage Disposal:

☐ Municipal ☐ Private System

**\*If private, please note that the system must be inspected and approved prior to issuance of a Health Permit. Please contact the Ohio EPA at 1-800-686-6330.**

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Grease Trap: ☐ Indoor (Size)  ☐ Outdoor (size)

**\*Stark County Sewer Department requires that all new and existing facilities be evaluated and upgraded to a 750 gallon minimum outdoor grease trap unless menu and / or other constraints dictates otherwise. Fill out attached worksheet for sizing of outdoor grease trap.**

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## TOILET ROOMS

Are separate and dedicated employee toilet rooms provided? ☐ Yes ☐ No

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Is adequate ventilation provided in all toilet rooms? ☐ Yes ☐ No

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## HAND WASHING FACILITIES

Are hand washing facilities provided in each food preparation and ware washing area?

☐ Yes ☐ No

**\*Hand washing sinks must be installed in a manner to prevent splash from contaminating food and food zones.**

**\*All sinks must be equipped with hot and cold running water supplies through a mixing valve or combination faucet. Soap, paper towels, trash receptacles, and sign promoting hand washing must be provided.**

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## UTENSILS AND EQUIPMENT

Will all equipment conform to National Sanitation Foundation (NSF) standards?

☐ Yes ☐ No

Are equipment specifications provided?

☐ Yes ☐ No

**\*No residential equipment is permitted unless approved by the Health Department.**

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## UTENSIL WASHING

Type of Utensils Used:

☐ Single Service ☐ Multi-use

Method of Cleaning and Sanitizing:

☐ Three Compartment Sink ☐ Dishwasher

Will Sinks have drain boards?

☐ Yes ☐ No

Mechanical Dishwasher Sanitization:

☐ Chemical ☐ Hot Water

**\*High temperature dishwashers must be properly ventilated.**

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## DRY STORAGE

Is sufficient space provided for the storage of food equipment, and utensils?

☐

Yes

☐

No

Number of cubic feet for storage:

Is a separate area available for personal belongings?

☐

Yes

☐

No

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## REFRIGERATION

Are adequate NSF standard refrigeration facilities provided?

☐

Yes

☐

No

Number of cubic feet for refrigeration:

Number of cubic feet of freezer space:

**\*No ice may be used to hold time and temperature controlled for safety foods (potato salad, cheese.)**

**\*Commercial mechanical refrigeration must be provided.**

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Will accurate thermometers be provided?

☐

Yes

☐

No

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Will potentially hazardous foods be refrigerated while on display?

☐

Yes

☐

No

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## HOT HOLDING

What NSF hot holding equipment will be used for potentially hazardous foods?

Specify type:

**\*Residential crock pots are not recommended in a restaurant unless the utensils can be stored in the product.**

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## COOLING

Will foods be cooled down for later use?

☐

Yes

☐

No

Specify type:

How will these foods be cooled?

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## REHEATING

Will there be food that is reheated?

☐

Yes

☐

No

Specify Type:

How will these foods be cooled?

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## FOOD PREPARATION

Will a separate food preparation sink be installed?

☐

Yes

☐

No

If no, designate which sink will be utilized.

Does the proposed operation perform a food handling process that is not addressed or deviates from the Ohio Uniform Food Safety Code such as canning or smoking of foods?

☐

Yes

☐

No

**\*If yes, please be advised these processes need a variance from the Ohio Department of Agriculture or the Ohio Department of Health.**

Will Reduce oxygen packaging be done? ☐ Yes ☐ No

**\*If yes, information on developing a HACCP plan can be obtained from the Food Safety Program at 330 493-9904.**

Please list foods prepared more than 12 hours in advance of service:

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### VENTILATION

Type of ventilation system: ☐ Canopy ☐ Ventilation (updraft)

Size of Hood: Length:  Width:  Overhang:

Exit for Exhausted Air: ☐ Roof ☐ Side of Building

Source of Make-up Air: ☐ Within Hood ☐ Automatic Louvered Fan  
☐ Passive Louvered Vent ☐ Other

**If other, explain:**

**\*Exhaust should not create a public nuisance.**

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### EMPLOYEE HEALTH

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts or lesions? ☐ Yes ☐ No

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### REFUSE

Identify location of refuse storage area:

Is the refuse area enclosed? ☐ Yes ☐ No

What is the size of the container?

Specify name of waste hauler:

What is the frequency of pickup?

**\*Refuse area must be shown on site plan. Containers must be rodent and leak proof with tight fitting lids.**

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## GENERAL PREMISES

Is a site plan provided showing the building in relation to streets, sidewalks, parking and garbage areas.

☐ Yes ☐ No

Is a mop sink provided for filling and emptying mop buckets?

☐ Yes ☐ No

Is there an area to hang up cleaning equipment?

☐ Yes ☐ No

Is adequate storage for employee belongings available separate from food preparation and food storage areas?

☐ Yes ☐ No

Will laundry facilities be provided on the premises?

☐ Yes ☐ No

Are exterior doors and openings properly screened and tight fitting?

☐ Yes ☐ No

Is there a separate area from food to store toxic chemicals?

☐ Yes ☐ No

Will there be a pest management program instituted?

☐ Yes ☐ No

Hours of Operation?

Total square feet of facility?

Number of staff?

## LIGHTING

Do food preparation areas have 50 foot candles of light?

☐

Yes

☐

No

Do food storage areas have 20 foot candles of light?

☐

Yes

☐

No

Are lights shielded over food storage, preparation,  
display or service?

☐

Yes

☐

No

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## SURFACE FINISHES USED

	FLOOR	COVING	WALLS	CEILING
KITCHEN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FOOD STORAGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOILET ROOMS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MOP SINK AREA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WARE WASHING	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WALK-IN COOLERS & FREEZERS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>